



EDMONTON CIVIC EMPLOYEES  
CHARITABLE ASSISTANCE FUND

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## Special Aid Assistance Application

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### Guidelines:

- ✓ The fund is not intended to cover the shortfall or bridging of other member's medical plans nor be used, unless related to medically related expenses, as a replacement for lost wages or educational expenses.
- ✓ Expenses for which this fund has been accessed must not be covered by any other personal, business, public or professional plan or service.
- ✓ Maximum disbursement over a lifetime per member is \$10,000 (effective January 1, 2014).
- ✓ Requests for assistance are only accepted within a 12 month cycle.
- ✓ The Board of Trustees has the right to consider extenuating circumstances that do not fall within these parameters on a "without prejudice" basis.

### Application Instructions:

- This application form must be completed for any special aid assistance requests.
- Submit this application to your union or association's ECECAF trustee who will bring it forward to the Board of Trustees for consideration.
- Along with this application form, the following is required before a decision is made by the board:
  - Proof that all other avenues of reimbursement have been exhausted:
    - Blue Cross letter declining coverage
    - Health Spending Account statement dated at the time of purchase or quote
    - Statement by spousal plan stating decline of coverage
  - If not yet purchased, quote for requested assistance/equipment.
  - If already purchased, invoice and receipt
- In the event the board approves the application, the following will be requested prior to the disbursement of funds:
  - **Original** receipt for approved assistance/equipment (kept on file by the board)
  - Signed letter of confirmation by member that no claim of item(s) provided through this fund will be claimed for personal income tax.

<b>Date of Application:</b>	
<b>Name of Member:</b>	
<b>Union:</b>	
<b>Payroll #:</b>	
<b>Name of Person Needing Assistance:</b>	
<b>Relationship to Member: (circle)</b>	<b>Self Spouse Child</b>
<b>Home Address:</b>	
<b>Phone Number:</b>	
<b>Amount Requested:</b>	<b>\$</b>

**Details of request for assistance:** *(If more space is needed, please attach a separate page)*

**Have you previously requested ECECAF special aid funding for you or anyone in your family? Yes / No**

**If yes: Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Name of recipient: \_\_\_\_\_**